

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 9/936,883 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
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8		1		1		1
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13		1		1		1
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TOTAL IND.	3	↓	3	↓	4	↓
TOTAL DER.	15	↓	14	↓	12	↓
TOTAL CLAIMS	18		17		16	

	★		★		★	
	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DER.						↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS